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Figs. purposed for the Commence of the C

	Effective on 12/08		COIN	nete ii ranow	11			
FEE TRANSMITTAL For FY 2009				Application Number 10/518,812-Conf. #3611				
				Timing Date		October 11, 2005		
				THOU I COMPONENT		SMOORENBURG, Guido F.		
				Examiner Name		HOLMES, Rex R.		
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 3		3762		
TOTAL AMOUNT OF PAYMENT (\$) 180.00			1	Attorney Docket	No. 2	22409-00281-US		
METHOD OF	PAYMENT (check	all that apply)						
Check	X Credit Card	Money Order	No	ne Other (please identify	i:		
Deposit Ac	count Deposit Account	Number 22-	-0185	Deposit	Account Name	Connolly Boy	e Lodge &	Hutz LLP
For the	above-identified dep	osit account, the D	Director is	s hereby authorize	ed to: (check	all that apply)		
Пс	harge fee(s) indicate	d below		Charg	e fee(s) indi	cated below, ex	cept for th	e filing fee
X 2	harge any additional e(s) under 37 CFR 1	fee(s) or underpay	ments c	f X Credit	any overpa	yments		
FEE CALCU		. 10 and 1.17						
1. BASIC FILIN	IG, SEARCH, AND E	XAMINATION FE	ES					
	F	LING FEES	SE	ARCH FEES	EXAMIN	ATION FEES		
Application T	ype Fee (S	Small Entity Fee (\$)	Fee (S	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees F	aid (\$)
Utility	330		540		220	110		
Design	220	110	100	50	140	70		
Plant	220	110	330	165	170	85		
Reissue	330		540	270	650	325		
Provisional	220		0	0	0	0		
2. EXCESS CL				-		-		Small Entity
Fee Description					Fee (\$)	Fee (\$)		
	r 20 (including Reis	sues)					52	26
Each independent claim over 3 (including Reissues)							220	110
Multiple dependent claims							390	195
Total Claims				ee Paid (\$)	(S) Multiple Dependent Claims			
	- or HP =	_ x =			Fee	(\$) F	ee Paid (\$)
-	ber of total claims paid fo				_			_
Indep. Claims			F	ee Paid (\$)				
	- or HP = ber of independent claims		ın 3.					
listings unc	ON SIZE FEE ation and drawings e der 37 CFR 1.52(e)), action thereof. See:	the application siz	ze fee di	ie is \$270 (\$135 t)
Total Sheet	ts Extra Shee	ts Number	of each a	dditional 50 or frae	tion thereof	Fee (S)	Fee I	Paid (\$)
	- 100 =	/50 =		(round up to a who	e number) x			
4. OTHER FEE							Fees	Paid (\$)
	Specification, \$13							
Other (e.g.,	late filing surcharge)	: 1806 Submiss	ion of a	in Information D	isclosure S	Statement	18	0.00
SUBMITTED BY								
Signature	/Michael G. Verg	a/		Registration No. (Attorney/Agent)	39,410	Telephone	(202) 33	1-7111
Name (Print/Type)	Michael G. Verga			Date	March 17	. 2010		